THE

MEDICAL AND SURGICAL REPORTER.

No. 1205.] PHILADELPHIA, APRIL 3, 1880. [Vol. XLII.—No. 14.

Original Department.

Communications.

NERVOUS AND NEURALGIC AFFECTIONS SYMPTOMATIC OF DEFECT OF THE EYE.

BY E. W. HILL, M.D.,

Of Glens Falls, N. Y.

A Paper read before the Medical Society of Washington, Warren and Saratoga Counties, New York, February 17, 1880.

Gentlemen, in this age of progression it behooves us members of our noble profession to be ever on the alert for anything whereby we can in even a slight degree relieve our fellow beings from the sufferings entailed upon us at birth, or those we have incurred through carelessness, or by the necessities of our condition in life.

As it is desirous that each of us should contribute his share of professional work, I wish to draw your attention to that extensive, and to a certain degree imperfectly understood, class of cases called neuralgic. Although the discovery of curing nervous affections through the eye may seem new, if you will turn to the medical literature upon the subject you will find that two hundred years ago those poor unfortunate creatures who were afflicted with twitching and jerking, commonly called St. Vitus' Dance, were gathered together at stated places, and compelled to attend church, because the chanting of the clergy seemed to have a quieting effect upon them. But thanks to noble men in Germany, who set to work to investigate the cause of these various symptoms, these unfortunate persons were recognized as patients for physicians rather than subjects for the clergy. After long years of hard study and careful investigation with the microscope, it was found that the pathological symptoms were not sufficiently constant to give any very trustworthy results; and so attention was turned, with renewed vigor, to the symptomatology and etiology of the disease.

Then one thing was noticed, namely, that in all marked cases of nervous disturbance the eye always was in some degree abnormal, either in its muscular or retinal accommodation. There they stopped, not even recognizing the fact that the disturbance of the eye and these nervous symptoms were as cause and effect to each other, leaving the crowning point to be brought out by Prof. Donders, of Utrecht, and Dr. Stevens, of Albany.

The importance which recent popular medical writers are attaching to investigations into the condition of the eyes of our children serves also to furnish abundant proof of the intimate connection between nervous diseases and defects of the eyes. Of all the organs of the human body none are called upon to do such constant and ever changing tasks as the visual apparatus. I use the word apparatus, for the eye is really a very complex organ, and every time we look at any object there are three distinct sets of action to be gone through before the impression can be conveyed to the mind. We all said amen when the project was set on foot to have the engineers and firemen on our railroads pass a rigid examination as to the condition of their visual powers, and still we have our children under the care of teachers who, knowing little or nothing of physiology in general, and nothing at all of the eye in particular, never give it any thought, and never recognize it as an interpreter to the mind of surrounding objects.

My own experience furnishes an illustration. I have punished our son for being so heedless (as I thought) when he was reading. At the very commencement he would read for a few lines nicely, and then make the most egregious blunders: for instance, calling and only, though at, for because, etc. Upon making an examination of his eyes he was found to be hypermetropic (far sighted), and when that was properly corrected by glasses it was evident that the child had not been careless, but could not see, the letters all running together. To our surprise and satisfaction the wearing of the glasses improved not only his reading, but very markedly his general health. His character also is completely changed, from an irritable nervousness to that manliness we admire in a child.

I will now endeavor to give you a slight history of a few cases that have come under my care, and the results that have followed.

Mrs. A. B., thirty-five years of age, widowed; she has been a great sufferer from neuralgia for the past two years, with monthly paroxysms of intense suffering. So severe was the pain (during these monthly paroxysms) that she would lose all control of herself, and talk and act as none but a hysterical person can. In fact, she has had one attack since coming under my care, a paroxysm so severe that she did not know me when I entered her room, and commenced her jargon, ordering me out. The points where she suffered the most pain were in the stomach, back of head and neck, under the shoulder blades, and with the monthly attacks, in the pelvic region. Upon investigating into the family history, I found her to have been considered the strongest of all the children, and that she had enjoyed good health until some years ago, when she had a fall, striking the end of the spinal column upon the frozen ground with such force as to cause the blood to settle along the dorsal region in sufficient quantity to make it black and blue. She had not fully recovered from the fall when her husband was laid upon a bed of sickness, which proved fatal. She kept up until after his death, when she completely broke down in body and mind, and then it was that the neuralgic troubles fully developed themselves. Then came incessant and almost uncontrollable vomiting. It made little or no difference what she ate or drank, and the least excitement, as of a friend coming unexpectedly, or any sad news, would invariably cause vomiting. She did not think there was trouble with her eyes, although she knew that all the other members of the family had defective sight. She has hypermetropia compounded with astigmatism. The correction of this by glasses, and the strengthening of the muscles by proper treatment has entirely cured the neuralgic pains.

Miss G. B., a country school teacher, had always enjoyed excellent health, until, one day, returning from school, she lifted a heavy weight, and felt something (as she expressed it) give way. She was immediately taken with a pain in the back, nausea, headache, inability to endure any hard work without making her sick for a week or more. After being treated by a number of physicians, she called me. On making a diagnosis, I told her nothing but mechanical aid would reach her case. After some reluctance she consented to my plan of treatment, and was very much helped. Still she suffered from neuralgic and nervous disturbance; she was not able to teach a term without taking a week or two in the middle of the term to recruit her strength; and even then she had occasionally to consult me. Upon the occasion of one of these visits it occurred to me to examine as to the condition of her eyes. I found a slight difference between the two eyes, and also an astigmatism. She procured glasses to correct the disturbance of vision. Since then she has not consulted me, and has accomplished more work, in school and out, than at any time since she has been in poor health.

Miss H. N., a very bright and intelligent young lady of 18, consulted me on account of a pain in her head, which was of almost daily occurrence, and always worse in the latter part of the day. Upon days when she applied herself closely to any kind of work requiring the constant use of both eyes and mind, as embroidering, nice sewing or continuous reading, she not only had the headache, but also a pain under the left shoulder blade, and low down in the back, which she accounted for as caused by bending over to see her work. Upon questioning her about her powers of vision, she thought she could see as well as any one, except to play the organ after lamplight, when she could not see the music at all. I found some difference in the two eyes; the right one $\frac{20}{20}$ and the left $\frac{20}{30}$, with astigmatism complicating both. I gave her a prescription for glasses and sent her home with the assurance that in a very short time the headache, then the pain under the shoulder blade, and last, but surely, the pain in the back, would disappear. After she had worn the glasses a few days she came into my office, her very face showing the pleasure and satisfaction of her mind; she said, "I did not know what it was to see. The world looks entirely different, and so beautiful." I am pleased to state that

my assertion has proved correct, and she has lost the headache, pain under the shoulder blade and also in the back. Her father was opposed to her wearing glasses, but has since consulted me to know if his wife could be benefited as the daughter has been.

Miss G. A., a maiden lady, general health good, was sent to me to be fitted for glasses, as she could not sew or read more than a few minutes at a time without a blur coming over the eyes, and then, if she kept on, the eyes would become quite painful, and compel her to stop. After making an examination of her visual powers I found the trouble to be not in the eye itself, but in a lack of muscular power to properly converge the eyes. I told her if she would come to my office every day for a couple of weeks, I could so strengthen those muscles by proper exercise that she could read as long as she wished without glasses. After exercising the muscles about fifteen minutes per day, for a little more than two weeks, she informed me that she had fully realized all that she came for, as she could read as well and long as she desired.

In conclusion, let me impress upon you the importance of giving attention and study to the connection between defect of the eye and nervous troubles, as you will find that it is impossible to relieve the symptoms in this class of cases without removing the cause; and the cause is in the eye.

HYSTERIA—THREE CASES, WITH UNUSUAL SYMPTOMS.

BY S. A. WAUCHOPE, M.D.,
Of Lake City, Florida.

In a varied experience of over thirty years there will surely occur to practitioners many cases worthy to be recorded, if not for anything very extraordinary in their symptoms and manner of treatment, to the physicians of the city, who have the advantages of hospitals and dispensaries, yet because they are interesting and instructive to the country doctor and young physicians just entering into practice. For these I will relate the following, taken from memory, and accurate only in the general consideration of symptoms and one or two unusual modes of treatment.

Case 1.—Sally, aged eighteen, a slave of a planter in Virginia; in the summer of 1851 she was sent by her mother, the cook, to the wood lot, for some wood. Having obtained it, she placed it upon her shoulder, to carry it to the kitchen; on opening the gate to enter the yard, she fell prostrate upon the ground and was picked up and carried, senseless, to the house, and laid upon a bed. Dr. Charles Miller, living one mile distant, was sent for, and myself (the family physician), living three miles away. Dr. Miller being informed that it was a very urgent case, though not regularly practicing, immediately answered the call, and, of course, arrived first. He used every restorative he could think of at the time, and when I arrived, informed me that he was at a loss what else to do. I think she had been bled; sinapisms had been freely applied; stimulating foot baths, frictions to the spine and extremities, ammonia to the nostrils, enemata, etc., yet no sign of consciousness nor sensibility, nor even motion, could be produced. Of course, nothing could be administered by the mouth. Believing and saying that "a doubtful remedy is better than none," I advised the application of boiling hot water to the spine, at the ligamentum nuchæ. This he agreed to, and it was applied by means of a mop, made of a rag wrapped around the end of a small twig of a peach tree. No sooner was it applied than Sally flinched, opened her eyes, and asked what he was doing. Sensation was soon fully restored, she swallowed readily and without hesitation whatever food and medicine were offered her, and in four or five days was again quite well. I think we gave little or no medicine after the first day.

Case 2.—Mary Cody, a young white woman, aged twenty-two, sent for me to extract a molar tooth. In attempting to do so she seized my hand which was holding the forceps applied to the tooth, and crushed the tooth, and, of course, suffered with increased and agonizing pain. It occurred to me, having recently attended some lectures on psychology and mesmerism, to make an experiment upon her. This was putting to the test a power which I was ignorant of possessing; but I told her in a very positive and confident tone of voice that I would soon relieve her of all pain by putting her to sleep, and that when she awoke there would be no more toothache. So I seated her in a chair, made some passes over her face, and seating myself some eight or ten feet from her, and looking steadily in her eyes for some time was surprised, in five or six minutes, to find her going into a mesmeric sleep. This soon became so profound as to render her insensible to all pain attempted to be given her by pinching, and the pricks of needles, etc., made by several ladies who were in the room. They called to her, shook her, and tried to arouse her, without any notice whatever; yet she heard me, and answered several questions, and when, at last, I told her she would awake at a certain moment,

relieved of all pain and cured of the toothache, I pulled out my watch and curiously awaited the result. At the exact minute, to the surprise of all, she opened her eyes and pronounced herself well and entirely relieved of pain.

It was necessary to relate the foregoing in order to show her great impressibility to mental impressions, and to account for the manner by which she was relieved from two attacks of hysteria the following year.

The first attack came on suddenly, and alarmed both her and the family with whom she was stopping. It was, as it were, a complete and firm locking of the jaws and teeth. Two eminent physicians of the place were sent for, who, I was told, did all they could to relieve her, without any effect. She was able to write, and dismissed them, and wrote on the table, with chalk, to have me sent for. When I arrived I found her in the condition above described. She and her friends told me what had been attempted to be done for her, and that the Drs. had pronounced her case "lockjaw," and that they did not know how to relieve her. I was puzzled also to know what steps to take to relieve her, until she reminded me that she was the same person I had cured of the toothache the preceding year. So I immediately put into practice my psychological experience, and in a few minutes had the satisfaction of loosing Miss Mary's jaws and tongue. In five or six months she removed into the country, some twelve miles or more from town. She told the friends she was visiting the singular attack she had had in town, and the prompt relief I had given her, and it was not very long before I received a note from Dr. W. P. Barksdale, who lives near where she was, "that Miss Mary Cody had lockjaw, of which he could not relieve her, and that he and the family wished that I would come for that purpose, as they had heard her speak of my curing her before."

These two were all that I ever knew her to have, and I have had no others to call upon me to restore them psychologically. *Three* physicians of reputation did not recognize hysteria!

Case 3.—This occurred during the present year, in Lake city. In the month of May I was called to see Mrs. B., who, her husband informed me, was thought to be dying, as she could not speak, nor could anything be given her by the mouth. I found her surrounded by anxious friends, some of whom were rubbing her limbs with mustard and applying camphor to her nostrils. I tried to get her to open her mouth, and to make her speak, in both of which I failed, nor did she seem to be at all conscious of my presence. Recollecting my experience in Virginia, and the similarity of the symptoms, I called for a kettle of hot water, and as soon as it was obtained, applied it to the back of the neck, as in Case No. 1, with a like result. I ordered a stimulating enema, and the ammoniated tinct. of valerian, in drachm doses, three times a day. In a week Mrs. B. was up attending to her domestic duties, and has had no return of her attacks until this date, March 6th, 1880.

Hospital Reports.

BELLEVUE HOSPITAL, N. Y.

CLINIC BY WILLIAM M. POLK, M.D.,

Professor of Obstetrics, and of the Diseases of Women and Children, in the University of New York.

Reported for the Medical and Surgical Reporter.

Hydatids of the Liver.

Gentlemen—We have here a specimen of hydatids of the liver. The patient, however, did not die from the hydatids. The cyst was entire at the time of its removal. The real cause of death in this case was rupture of the duct of the gall bladder. The hydatid cyst lay just alongside the cystic duct, and by its growth, doubtless, exerted pressure upon the duct to such an extent as to prevent an escape of the bile, which by over accumulation led to a slight rupture of the duct, and, of course, peritonitis speedily followed.

The history of the case is a rather interesting one, for the reason that we were misled in our diagnosis; that is, we were partially misled. The patient was admitted on March 2d. She said that until about two weeks before her admission she had been perfectly healthy. The hydatid, therefore, did not cause any special symptoms previously. At that time, while at work, she was seized with a sharp pain in the right side, located just above the free border of the ribs, in the region of the gall bladder. The pain ran up toward the right shoulder, and was relieved somewhat by pressure. She vomited a greenish material, that is, she had bilious vomiting. Two or three days later she became jaundiced, and was markedly jaundiced at the time of admission. She says that after a few days the right side became tender. The tenderness was secondary to the acute pain which she had on the first day. She was found to be very much jaundiced, had the ordinary clay-colored stools and high colored urine, indicating, of course, the presence of biliary matters. The hepatic region was very tender; there seemed to be flatness at one point, which was supposed to be due to a distended gall bladder. You know that if a line be drawn from the umbilicus to the right nipple, it will pass over the gall bladder. This flatness was on the right of that line, but extended up to it, and this fact induced us to think that it was due to a distended gall bladder. But when you come to look at the relations of that tumor to the

gall bladder, you will see that it is probable we had two tumors under our finger, a distended gall bladder and a hydatid cyst. They lay side by side.

The hepatic region, I say, was very tender; so tender, indeed, that we could not make a full investigation. We tried, on three or four different occasions, to make palpation and percussion in such a way as to determine the exact nature of the tumor, but it was impossible to do so. It gave so much pain that we were obliged to desist.

The general condition of the patient continued about the same up to March 8th, when the pain began to extend over the entire abdomen, and on the 9th there was very well marked tympanites. The temperature was normal, but if I remember correctly it rose a little in the course of the afternoon. The pulse was 112. The patient was put upon the opium treatment, it being evidently a case of peritonitis. She went along fairly, up to the morning of the 10th, but that morning she began to sink suddenly, and by night had died. At the autopsy it was found, as I have said, that there was a hydatid cyst, and along with it this enlarged gall bladder and ruptured cystic duct, the rupture being, in all probability, due to a constriction and inflammation of the duct, from pressure of the hydatid.

Now, there are one or two interesting points connected with the case. In the first place, what does the history point to? A woman comes to you slightly jaundiced, tells you that two weeks ago she was perfectly well, but that at that time she was suddenly seized with pain in the right side, accompanied by nausea and vomiting; that the pain subsided after a time, but in the course of a day or two a little tenderness returned. What inference would you draw from that history? "That a gall stone had caused the symptoms." Very good. That is almost a typical history of the symptoms accompanying the passage of gall stone, and that was the inference which we drew from the history. We supposed that a general peritonitis was excited by rupture of the gall bladder or its duct, and in this supposition we were correct, as the post-mortem showed; but we attributed the cause of the rupture to the passage of a gall stone, and here is where we made a mistake in the diagnosis.

The peritonitis had been most marked at the point of rupture of the cystic duct, and from there it spread and became general after a few days. There was found, on post-mortem, a good deal of bile in the cavity of the peritoneum.

There is another point in connection with this case to which I wish to call your attention, and that relates to the temperature. The temperature was not above ninety-eight and a half for at least five hours after the evidences of general peritonitis showed themselves. Now, you will find it stated in your books that a high range of temperature is an evidence of peritonitis; it is, in fact, laid down as a rule, that an elevated temperature is a point that enables you to diagnosticate between the pain of peritonitis and the pain of colic or enteralgia, etc. But here is a case in which the temperature was normal, even though a local peritonitis had been present at least a week before the patient came into the hospital, and for a time after the development of general peritonitis.

Measles.

CASE 2.—The next patient whom I shall show you is a baby. In the first place, this child presented a complication soon after birth which you are liable to meet with in any case, and which may sometimes cause you a little anxiety. A needless anxiety, too. During thirty-six hours after birth it passed no water. When we examined for the cause we found the urinary passages intact; there was nothing wrong. A small probe could be introduced into the bladder without any trouble. There was found to be no distention of the bladder. The trouble was simply a lack of urinary secretion. It is not infrequently the case that the secretion of the urine is postponed for a little while after the birth of the child, and yet it does not give the patient any trouble. It is supposed that this delay in the secretion is associated with plugging up of the tubules by urate of soda deposit, which you know is a common thing in new born children. After awhile, however, the pressure from behind dislodges the urate of soda deposit, and the secretion of urine goes on naturally.

In these cases, about the only thing to be done is to apply warm applications over the region of the kidneys, and give the patient some simple diuretic, such as a few drops of the sweet spirits of nitre. A remedy which has a very good effect, not alone upon the child, but upon the minds of the parents as well, is watermelon seed tea. You have to give them something, and that is about as good as anything. You may be sure, however, that the secretion of urine will become established any way.

Everything seemed to be going on well with this little one, when it was noticed that there was some blotching of the skin; in other words, an eruption, which began on the child's face and neck, and gradually extended over the entire body. Now, there accompanied the eruption some heat—fever—not much. There had been no previous cough of any consequence, but when we looked into the child's throat we found a good deal of redness, and this redness was in spots. There were red spots over the pharynx, and particularly over the region of the hard palate, in the roof of the mouth. Now, the eruption which had occurred on the face, and then extended until it had spread over the entire body, was not a diffuse redness at any time; it occurred in spots, which spots became larger and larger as time went on. It was noticed that the spots were irregular in shape; they had no definite outline, and the acme of the eruption was reached yesterday. It began then to fade away, and presented very much the appearance that you see now, a copperish appearance. Now, what is that eruption? "It looks something like the eruption of measles." It is a case of measles. The eruption is now, of course, in such a condition that it is not so easy to make a diagnosis as it was at first, because it has become more diffuse. It is very difficult to tell whether there are any patches of healthy skin between the blotches of eruption; and, moreover, the temperature has subsided. The eruption now looks not unlike that of scarlet

fever. Now, in distinguishing between the two, you will have no difficulty, if you see the patient at the commencement of the eruption. If you look at even this patient closely, you need have no difficulty in making the diagnosis. If the child were older it would be less difficult still, but at its present age the skin is naturally very red, and the individual spots of eruption are less distinct from the skin of a normal color about them. Now, in scarlet fever, as you know, the eruption is diffuse; it is quite as diffuse as the eruption of erysipelas, but, of course, there is not the swelling of the skin that accompanies erysipelatous eruption. But there is a diffuse erythema without any spots of whiteness between the patches. The eruption of measles, as I have said, begins in spots, and in that respect resembles a flea bite; it begins on the face and gradually extends until it involves the throat and the entire body, covering even the palms of the hands and the soles of the feet; but you will be able to detect spots of skin between the points of eruption that are not fully inflamed. Some of the patches of eruption may be almost as large as the palm of your hand, but alongside the patches you will find a spot of skin normal in color or nearly so. But not so in scarlet fever.

In a child of this age the occurrence of measles is apt to be overlooked, because you are less likely to have the premonitions of the disease than in a child of a few years of age. In a child two or three years old, or even one year old, the premonitions of measles are so well marked that it is difficult to overlook them. You may suppose it to be simply a case of ordinary influenza, because the premonitions of measles are not unlike those which belong to an ordinary severe attack of influenza; but if you look early into the child's throat, you will there find something which should arouse your suspicions, and, in certain cases, even settle the diagnosis before the eruption makes its appearance upon the surface. What I allude to is an erythema in the throat; a rash that appears upon the fauces, extending, perhaps, to the uvula, and in some cases covering the roof of the mouth. In fact, I think that in the majority of cases which I have seen during the past five years this eruption appeared upon the roof of the mouth twelve hours before the eruption appeared upon the skin. It has very much the characteristics there that it has upon the skin; that is, it is blotched, uneven. In scarlet fever you have a diffuse redness of the throat, but in measles, as I have said, the redness has a blotched appearance.

In this case there had been very little constitutional disturbance. The child's age may account, in part, for that, but I have seen just as high temperature in a child of this age as in those of five or six years of age. At any rate, this was a mild case of measles; there was not much fever. Generally, the eruption and the fever of measles correspond in severity. But in some cases the fever may run high and the eruption not come out, on account of some complication; such cases, however, are rare, and the presence of the complication will account for the absence of the eruption. But in an uncomplicated case, if there be not much eruption the case will be a mild one.

With regard to the treatment of this case, we have done nothing. The child has shown no bad symptoms at any time, and in treating measles I confine myself, as a rule, to meeting symptoms as they arise. It is a self-limiting disease, and one which, under ordinary circumstances, will get well. Of course, if the child have a laryngitis or a bronchitis, or a pneumonia, there is danger of a fatal termination, or, at any rate, the prognosis is not so good. When such complications arise the indications for treatment are such as belong to them respectively. In a case of simple measles, put the child to bed, to insure warmth and protection; keep the bowels open by some mild laxative, as castor oil, if the child will take it; then support it by nutritive food, and such as is easily digested. For a child of this age, the breast, of course, is the only proper source of food; for an older child, milk, beef extract, and things of that sort may be given. Stimulants are indicated only by the condition of the pulse. Where the pulse indicates heart failure, stimulants are to be used; otherwise, not. Now, cough is very frequently a troublesome and an obstinate symptom in these cases, particularly in the earlier stages, and the cough, by the way, has something characteristic about it, so that it would of itself oftentimes suggest measles. It is a dry, hacking, constant cough. The best treatment for that is local applications to the throat, because the cough is due entirely to the condition of the pharynx. The local application which insures the best results is some slight astringent wash, as tannin and glycerine, or lime and glycerine. It is important in these cases to protect the child from exposure for a little while after the eruption has subsided, because as long as there is that scurfiness of the skin which indicates desquamation you may be sure that the mucous membrane is in a condition in which it will readily take on inflammation. Therefore, the child should be protected against taking cold; from getting up a bronchitis. I think it wise to keep it in doors for at least four weeks from the time that the eruption made its appearance. As soon as the redness of the skin has subsided, and before desquamation is complete, there is no objection to the child taking a bath, in order to hasten desquamation as much as possible. If there be excessive irritation of the skin, as there often is, then the local application of vaseline to the skin will have a tendency to check it. Oil the child from head to foot with ordinary vaseline.

Pelvic Cellulitis.

The next patient whom I shall present to you is one whose history I do not yet know. She tells me that she is twenty-nine years of age, that she is married, and has borne three children. She says that her last labor was a cross birth; and after a previous one inflammation had set in, which confined her to her bed for seven months. She has not been in good health since her last labor; she has noticed a constant discharge from her womb, of a yellowish-colored material. She has pain in her back, and her appetite is not good.

She has, then, since her last labor, been an invalid, her symptoms being a constant leucorrhœal discharge, a pain in the back, a feeling of

prostration, a weakness which is accompanied by disorder of the nervous system, and a tendency to easy crying, or what we call hysterical symptoms, and a certain amount of loss of appetite.

Now, gentlemen, that is the history of the case. The symptoms, of course, point clearly to some difficulty connected with the uterus, or at any rate, with the genital organs. In all likelihood the inflammation which she said occurred in her first labor subsided sufficiently, so that her health became very good before her last labor. But at her last labor there was a good deal of difficulty, on account of the mal-presentation, and since then there has been this discharge. The lochia ended, apparently, that is, the lochia proper. But a discharge returned, which discharge was only muco-purulent. She is twenty-nine years of age, and so far as her other organs are concerned, she is healthy.

Now, when I come to make an examination I find that there is a good deal more moisture about the external genitals than there should be. There is a certain amount of apparent tenderness, which seems to be more nervousness than anything else. But when I introduce my finger well into the vagina I find that the cervix uteri is a little irregular, that it seems to be slit. Therefore, I infer that there is a laceration of the cervix. The laceration is greater upon the left side than upon the right. Now, when I try to move the uterus, I find that it is fixed—not completely; the cervix is movable, but the body is fixed; and the moment I pass my hand to the left side of the uterus I find an egg-shaped tumor, which lies between the body of the uterus and the left lateral wall of the pelvis, evidently in the left broad ligament. The tumor is very sensitive, as you see; the slightest pressure brings out an exclamation of pain. Now, when I press on the front of the uterus I find no trouble there at all. On the right of the uterus everything is perfectly free; I can get my fingers well up into the side of the pelvis; but when I come to the back of the uterus, however, I find that there is a hardness, which is evidently connected with the right broad ligament. In fact, the two indurations are continuous. Now, what do you think is the matter with her? "She has, for one thing, a lacerated cervix." Yes. That we can very readily make out. But what causes the immobility of the body of the uterus? What is that tumor that I find upon the left side of the uterus, between the uterus and the left lateral wall, which is so exquisitely sensitive? "It may be an ovarian tumor." If it were it would be movable, and it would not be so sensitive. Will not some one ask a question which will help bring out the true condition of things? How about the matter of temperature? Now suppose there was a high fever along with such a swelling as that; what would it point to? "Cellulitis." Quite correct. As soon as the high temperature is mentioned you think at once of pelvic cellulitis. Now, of course, it is possible for an ovary to be in the location in which we find this tumor; to have gotten there and be retained there by adhesions; and it is possible for such an ovary to be sensitive to the touch, and to give rise to all the pain that we find here. But in that event there would not be fever. I do not refer to that acute inflammation of the ovaries which is also accompanied by some cellulitis, for there would be fever.

The increase of temperature which exists in this patient shows us that there is some focus of inflammation somewhere, and she complains of no symptoms that would point anywhere else than to the iliac fossa; and there we find a sensitive tumor, which is evidently attached to the body of the uterus on the one hand, and to the side of the pelvis on the other hand. It can be nothing but pelvic cellulitis.

These cases are interesting, in the first place, because of the frequency of their occurrence. It is an inflammation that is more likely to occur after operations about the uterus, and a number of operations on the vagina, than any other. It is one, too, that is frequently associated with labor, that is, with the parturient state; one of the after consequences of labor. It is oftentimes connected even with the use of the sponge or other tent for the purpose of dilating the cervix. One of the worst cases of pelvic cellutitis that I had in this hospital last winter was due simply to trying to dilate the os in order to explore the uterus, and where I succeeded only in dilating the external portion of the canal. This shows how slight a cause will set up an inflammation here. Now, because of its frequency as a complication in the various operations and procedures connected with the treatment of uterine diseases, it becomes us to study it carefully.

Now, I wish to call your attention to the probable origin of the difficulty here. I think it more than probable that this patient, at the completion of her first labor, had a cellulitis, and just at this very spot. She spoke, you know, of having an illness of several months' duration. Now that is one of the characteristics of pelvic cellulitis, namely, that it is long drawn out, and is wearying to the patience of the patient, as well as to that of the practitioner. But she evidently got better; no suppuration occurred. There was, doubtless, an exudation of lymph, which was in time absorbed, so that a good deal of mobility remained to the uterus; a sufficient amount to allow of impregnation in two succeeding instances. But when once pelvic cellulitis has occurred, there is a tendency for it to recur at that same place. There was no complication at all at this woman's second labor, but her third labor was difficult; it was a case of cross birth, and following it she had another inflammation. The laceration of the cervix, I presume, occurred in her first labor, for the reason that that is the time at which laceration of the cervix most frequently takes place. Owing to the efforts at delivery, probably, in her third labor, inflammation was lighted up again, and she had some little trouble succeeding it, but that probably subsided. She came in here and was operated upon for laceration of the cervix. That was done six weeks ago. Now, I take it for granted that at the time of the operation there was probably nothing more than adhesions at the point of the old cellulitis. I say I take it for granted, for there is a rule in gynæcology never to operate upon the uterus or its appendages where there is the slighest symptom of inflammation outside the body of the uterus. So that if a cellulitis had

been in active progress, or if there had been even a considerable induration at that time, I take it for granted that the operation would not have been done. But it was done, and was partially successful. The occlusion of the laceration was complete on one side. But that is not the special point to which I wish to call your attention. As a result of the operation she has again developed a cellulitis at the point where it formerly existed, and I am afraid, from the symptoms she now presents, that she may not escape suppuration in this instance. Heretofore it has been simply the first stage of inflammation, which went on to an extravasation of serum and lymph, and there ended, the material being subsequently absorbed. Therefore the termination of the pelvic cellulitis in the first two instances, I think, was resolution, but in this instance it may end in suppuration. Where these cases do end in suppuration they require great care in their management.

Where suppuration does occur, you will find that, in the majority of instances, it will discharge either through the vagina or through the rectum. It percolates down into the vagino-rectal space, and comes away in one way or the other just mentioned, according to the density of the tissue. In other cases it may rise up into the iliac fossa, and open upon the anterior surface of the abdomen, resembling, in that case, those abscesses which accompany cases of perityphlitis. Then, again, it may empty itself into the bladder, and lastly, it may empty into the peritoneal cavity. Of course, if it does so, that speedily puts an end to all question of treatment, for if it occur suddenly it constitutes a fatal complication. If it occur slowly, so as to give time for the surfaces to become adhered together and form a sack, it may open into the intestine and escape, as in certain cases it does, by the rectum.

Now, what are we to do in a case of pelvic inflammation or pelvic cellulitis such as we have here? I will, however, first suppose that we have seen the patient at an earlier stage of the disease than exists here, that is, when the inflammation is first initiated. In that case a great deal can be done by resorting at once to local depletion by means of leeches applied to the cervix. You can use for the purpose either natural or artificial leeching. In addition you must use warm fomentations. Now, these warm fomentations seem to be trifling if they are not persisted in, but if they are persisted in they are capable of doing a great deal of good. The warm fomentations are to be applied in the shape of poultices over the abdomen. But that is only half; in fact, only one-fourth. The other three-fourths consists in the assiduous use of hot vaginal douches. Now, these douches are to be used at least every three hours. They may be composed of simple water, or of salt and water. Two tablespoonfuls of salt to a pint of hot water may be used every two hours, for at least the first twenty-four, and after that every three hours, and in the course of a third twenty-four hours it may be used every four or five hours. Now, by pursuing that course you will be surprised at the number of cases of pelvic inflammation of this kind which you will be able to abort, particularly if the patient be in good condition otherwise. Of course, if a patient be broken down by previous disease the chances are in favor of a failure. Only lately I operated on a patient for a tumor of the uterus, and as a result a pelvic cellulitis developed, and by treating it in this way the inflammation subsided within a week or ten days. But in case, however, the disease should go on in spite of the measures you are using, you should continue the use of the fomentations, but not so often as in the first instance. Once in four or five hours will be often enough, and this must be continued three or four weeks; very irksome to the patient and annoying to the attendant; but you must remember that your only hope is to persist in these measures for bringing about resolution.

In certain cases you will do good by employing large doses of iodide of potash, doses of twenty grains each, three times a day, provided the patient's stomach will bear it. In case suppuration is to occur, you will encourage that by fomentations, as before, so that really the fomentations, you see, form the chief method of treatment throughout the whole case. You are to promote suppuration, then, as far as possible, and if there is a tendency to point in the vagina, further that as much as you can. Sometimes you will find, by making vaginal examination, that the posterior wall bulges. Now, you can ascertain whether there be any attempt to point in that direction by introducing an aspirating needle, using the finest needle, of course, so as to avoid as far as possible producing injury. Now, if you find pus in the recto-vaginal space you are justified in cutting down so as to let it out. In this case the pus is below the peritoneum. The peritoneum is lifted up. So that by first marking out your path with the aspirating needle, and learning that pus is there, you will be justified in following with the knife, or, which is better, with the scissors. It is better to make the incision with the scissors, because you are likely to have less hemorrhage than with the knife. The reason why it is better to evacuate the pus through the vagina than through any other canal is, that you can control the cavity of the abscess much better afterward. If the opening be into the rectum it is almost impossible to get at it to apply local treatment. The contents of the rectum, in minute quantity, are almost sure to find their way into the cavity, and set up further inflammation. Now, if you can make an opening into the vagina you can, in the first instance, if the opening be made large, get free vent to the pus at once; if the opening made by the scissors be not large enough, you can readily enlarge it by means of a cupola tent. Then wash out the cavity of the abscess, and treat it just as you would one that occurred in any other part of the body. The only point to be specially attended to in washing out the abscess is to have plenty of space for the return of the fluid; otherwise it may become encapsulated in there, owing to the minuteness of the orifice at the outlet, and give rise to chills and secondary inflammation. But by having a good, free opening there is no danger of such an accident.

This, then, will really constitute the treatment of a case in which you are so fortunate as to have an opening through the vagina. Where it opens

through the anterior wall of the abdomen the rule is simply to open it as as soon as you know adhesion has taken place between the wall of the sac and the abdominal wall, and then treat it as you would treat any other abscess in that location. There you can also use the douches, and wash out the cavity. These are the cases in which you can adopt the Lister plan of treatment. But where the opening is into the vagina you cannot.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

REPORTED BY J. W. PLUMMER-BATES, M.D.

Vicarious Menstruation.

Dr. Scarff. I have under my care a girl, 12 years old, who has hæmoptysis every month at the menstrual period. From the uterus no blood is discharged; there is a slight mucous discharge from the genital organs, but no sign of blood. She has been in this state for about four months; she is well developed, not anæmic, suffers no inconvenience, and seems to be entirely well, with the exception of a slight cough.

Dr. Morris. It is not usual for girls to menstruate at 12 years of age. I do not think I would do anything beyond hygienic measures. There is no indication for the use of drugs, and I do not think there need be any fear of pulmonary trouble. Vicarious menstruation is not unusual; women at the period of menopause frequently have a discharge of blood from some other organ than the uterus.

Dr. Grove. I came across a similar case; a girl 19 or 20 years old, who has always menstruated from her nose or lungs, and this has been going on for seven years. No treatment has done her any permanent good. Her health is excellent.

Dr. Percivall. Leeches to the uterus might be used to advantage.

Dr. Scarff. I have used leeches in cases of suppression of the menses, but they would be of no advantage unless applied to the cervix, and it would be very difficult to apply them in so young a subject.

Dr. Caldwell. Golding-Bird recommends the Faradaic current over genital organs and thighs, used for a week before the period. This would be useful if inertia be the cause of the trouble. If inflammation, depletion will be requisite. Find the cause, if possible, and that may indicate the remedy.

Dr. Evans. What would you think of tr. ferri. chlor. with aloes? I have used it frequently with benefit.

Dr. Morris. That is an old remedy and frequently used. I would keep up the system and let the drugs go to the dogs.

Empyema.

Dr. Brinton. A well-known florist was under the care of two old physicians for two months, they treating him for typho-malarial fever. I was called to see him before Christmas, and found the following condition: temperature normal, pulse rapid, right lung dull, and he was expectorating 1½ pints of muco-purulent matter per day. My diagnosis was empyema following pleurisy. Dr. Chew aspirated and drew off 14 ounces of fetid pus. The fluid reaccumulated, and a drainage tube was introduced; the discharge continued until his death. Of course, the usual remedies were used to maintain his strength, and the cavity of the chest was washed out with carbolic acid and water. He died from asthenia. The interesting points are, that the correct nature of the trouble should have been overlooked, and the necessity of a full examination in all cases, to enable a correct diagnosis to be made.

Pelvic Abscess.

Dr. Reynolds. A colored woman, aged 60, had a tumor in the right inguinal region for six years. It gradually increased in size, until the whole abdomen was greatly enlarged. She was very costive, four or five days passing without an action of the bowels, and when there was a movement the pain was so great that she frequently fainted. The abscess broke, and in two hours she passed at least five gallons of pus from the bowels, and vomited about one quart. Two years have now passed and she has experienced no trouble since. It would be difficult to decide upon the exact location of the abscess.

Dr. Morris. These pelvic abscesses are sometimes prolonged; have known them to exist for months.

Dr. Hamill. A man had been suffering from cystitis; tumor in lumbar region, but no fluctuation and no pus in urine. After about six months the man died, and post-mortem examination revealed an abscess of the kidney, which had burst into the peritoneal cavity.

Placenta Prævia.

Dr. Evans. I have been a physician 25 years and never had a case of placenta prævia until a few nights ago. I had attended the patient in all her previous confinements, nine in number, and never had any trouble. She supposed herself to be near term, went to bed well, and woke in the middle of the night and found the bed full of blood. I was summoned immediately; found the hemorrhage had been profuse; the patient was unconscious, from the loss; pulse extremely weak, etc. The os was rigid, and I could not dilate it. The vagina was firmly tamponed, and restoratives administered, and she recovered from the state of syncope, and did well for the day. The next night I was again summoned hastily, and when I saw her I thought she was dead. No pulsation could be detected at the wrist, and the syncope was so profound that no effort we could make would arouse her. I called Dr. Erich to assist me, and we turned and delivered; the child was born alive, but has since died. Hypodermic injections of atropia and whisky were given, the foot of the bed raised, and by next morning consciousness had returned and a weak pulse could be felt at the wrist. Now her temperature is 101° F., has no pain, some slight tenderness over the abdomen.

Dr. Bates. I have seen four cases; one at full term, transverse position, placenta delivered

first, child turned and delivered; child dead; woman recovered. Second at six months; woman recovered. Third at eight months; tampon used without benefit, colpeurynter applied and the os dilated under chloroform, free doses of ergot given, membranes ruptured and child delivered without forceps or turning being necessary; mother and child saved. Fourth at three months; profuse hemorrhage, placenta adherent; recovery of mother slow.

Dr. Taylor. My first case of obstetrics was one of placenta prævia; child dead, not at full term.

Dr. Morris. Saw a case a few weeks ago, with Dr. Seldner, which was very similar to the one related by Dr. Evans. It is the true practice to tampon when there is no dilatation of the os. Dr. Seldner used the colpeurynter; much blood was lost, the os was dilated, the placenta pushed aside, the child turned and delivered. Under the use of whisky the woman rallied and promptly recovered. The child was born alive, but afterward died.

Some years ago I saw a case with Dr. William Whitridge. The woman had been bleeding a week or more; there was but slight dilatation of the os, and I suggested the tampon. A day or two after the doctor summoned me. I found that he had delivered the child with forceps, but was not able to get the placenta. I found it firmly adherent, but succeeded in getting it away. The hemorrhage still continuing, notwithstanding hypodermic injections of ergot; the subsulphate of iron was injected and checked it promptly. The woman died a few days after, from septicæmia.

Editorial Department.

Periscope.

The Influence of Climate on Disease.

The *British Medical Journal* of January 10th, 1880, contains a synopsis of an interesting article by Herr Peters, of Germany, in which the author has set himself to elucidate the special part played by each of those meteorological factors of which the sum constitutes climate, with the full conviction, however, that repeated and prolonged observations are necessary before definite laws on the subject can be established. Herr Peters' researches were made at the baths of Ottenstein, in Saxony, 1350 feet above the level of the sea, and concerned fifty-six patients suffering from chronic affections of the respiratory passages; thirty-five of these were chronic tuberculous patients, of whom one was in the last stage of phthisis; fourteen were cases of chronic bronchial catarrh; and seven of catarrh of the larynx; fifty patients were suffering from chronic muscular or articular rheumatism. The meteorological observations were taken thrice a day—at six o'clock in the morning, at two o'clock in the afternoon, and at ten o'clock in the evening. The direction of the wind was noted only twice in the day. At the same time Herr Peters entered in a second register the state of the daily health of his patients during a period of seventy-six days—from May 17th to July 31st—with reference to respiratory affections; and during one hundred and five days—from May 9th to August 21st—for rheumatic affections.

Among the various disturbances of their health to which patients suffering from diseases of the air-passages are liable, Herr Peters has considered, from their being dependent on meteorological conditions, neuralgia, exacerbations of cough, hæmoptysis, and dyspnœa. He has intentionally passed over digestive troubles, fevers, and sweats, of which it is more rational to attribute the aggravation to other causes. He has studied the five principal climatic factors: 1, heat; 2, humidity, with August's psychrometer; 3, atmospheric pressure; 4, the direction of the winds; and 5, ozone, with the help of Schönbein's ozonometer exposed daily at stated times. One of the earliest general facts which resulted from these researches was that, while all the rheumatic patients, on several occasions, experienced a simultaneous recrudescence of their pains, the largest proportion of simultaneous increase in patients suffering from respiratory diseases did not exceed 34 per cent. Another interesting fact is, that meteorological influences had much less power over simple catarrhal affections of the air passages than over diseases of the pulmonary parenchyma.

Herr Peters has arrived at quite opposite conclusions with regard to the action of atmospheric ozone on respiratory affections, to those generally received as correct. According to him, all that can be said with regard to barometric pressure is that, in patients suffering from diseases of the air passages, the majority of the aggravations and the largest number of notable aggravations occurred only when the atmospheric pressure was increased.

With regard to rheumatic patients, contrary to the received opinion, it is less the diurnal oscillations of the temperature than the depressions it undergoes from one day to the other, which augment the pains. Hence, it results that when choice of sanitary stations is made, those should be preferred which, with as high a degree as possible of mean temperature, show, in the course of the month, the fewest and the least important falls in the mean heat from one day to the other. Aggravations of rheumatic pains have been most often observed on those days which were distinguished both by considerable dampness and by depression of the mean temperature. The barometric level has no influence whatsoever on patients suffering from chronic rheumatism.

Herr Peters thus summarizes the action of the different meteorological factors. Aggravations in chronic phthisis and in chronic catarrh of the

respiratory organs were coincident with the richness of the air in ozone, with cold days and considerable falls in the mean diurnal temperature, with a very humid atmosphere and the predominance of cold northerly and damp west winds. In chronic rheumatism, the aggravations were coincident with considerable depressions of the mean temperature from one day to the other; also with a very damp atmosphere, the prevalence of westerly winds, and a large proportion of atmospheric ozone.

Treatment of Diphtheria.

Dr. Rudolph Sieffert writes to the Chicago *Medical Journal and Examiner*, February, 1880—

I beg to call the attention of my medical brethren to a mode of treatment of diphtheria which has given me, so far, even in very serious cases, extraordinarily good results, and which is very simple in its application.

My main remedy in the treatment of this disease has been, for some time past, the inhalation of carbolic acid, diluted, through a sponge. The sponge is saturated with a solution of carbolic acid (the strength ranging from 1 part in 200 to 1 part in 100 of water), then placed in a wire holder, formed so as to fit over mouth and nose. This inhaling apparatus is fastened to the patient's mouth and nostrils, so that respiration has to take place through the carbolated sponge. I order these inhalations to be repeated every two hours, and each inhalation to extend through about half an hour.

Within twenty-four hours after the beginning of these inhalations the membranes become loose, and are gradually either swallowed or expectorated, and they do not reappear with the same severity. But if similar formations do take place, they appear thinner and lose that characteristic coloring, growing gradually lighter and more transparent, until they disappear altogether, which is generally within three days, and with this the mucous membrane assumes its normal condition.

As the pain in the throat is ameliorated with every inhalation, the little patients notice this so markedly, that every time they experience any pain they request the application of the carbolic sponge.

In the cases of larger children, more gargling is possible. I order the throat to be gargled with warm chamomile (German) tea, in order to assist in the expectoration of the loose membranes, which procedure, of course, is inadmissible with smaller children.

After every application the sponge ought to be well washed in hot water, and if there be several patients in the same family, each one ought to have its own apparatus, or at least its own sponge. To prevent the carbolic acid solution from affecting the lips, it is well to oil the ljps previous to applying the inhaling apparatus.

The above method of inhalation is very simple, and easily applied to children of any age. A few kind words generally suffice to induce them to take to the operation of inhaling with good nature.

Besides the inhalation I use quinine, and in order to keep the bowels open, the fl. ext. of rhamnus frangul. With larger children, I occasionally order gargling with a weak solution of carbolic acid.

As remarked above, this mode of treatment has always given me very satisfactory results. I believe, however, in order to fully establish the merits of this mode of treatment, a larger number of observations is necessary than can be made by a single practitioner. I therefore decided to publish my experience, so as to induce other physicians to test my method.

Tight-Lacing.

Dyce Duckworth, M.D., F.R.C.P., in an article published in *The Practitioner*, January, 1880, says—

I have to state, then, that I find in a considerable proportion of women, among hospital patients, and frequently in the case of those in higher ranks, that the stays are either too small, or are fastened too tightly. In many instances this compression is practiced unwittingly. Stays last for a long time. The wearer grows, and the stays are too small, or they are procured just as any other article of dress, without reference to the particular figure they are to encircle.

In most instances stays are made by the gross, like gloves, stockings, or boots; they are kept in different sizes, but no care is commonly taken to secure a proper fit. It must be borne in mind that they constitute a very important article of clothing for the poorer women, since they are by them regarded chiefly for their warmth, and not merely for support. It usually happens that they are adopted in early life, and as puberty approaches, insufficient attention is paid to the changes occurring in the figure at that period. And thus at an early age young girls come instinctively to accustom themselves to a measure of constriction from their stays.

When new stays are required, there is at once a repugnance to such as would fit properly, and, therefore, the same degree of tightness is imperatively demanded as has been hitherto borne. Thus it is that when one comes to examine into the matter, the unvarying remarks are offered: "I am not at all tight; my stays are quite easy and comfortable; I could not endure to be tight; I never lace tightly."

The result of the inquiry almost as commonly is, that the stays are found to be from one to four or five inches smaller in girth than they ought to be.

This miserable imprisonment is, as I have observed, in most instances involuntary; it is not practiced because it is fashionable, it is not the result of ambition to have a small waist, but it comes about for the most part in the manner I have described. Of course, in many cases, it is done deliberately.

The results are more harmful than is generally believed, but they are only such as might be predicated.

I find many cases of dyspepsia in women yield quickly to the use of proper stays. Again and again I have known chronic vomiting in young girls to be due solely to tight stays. Palpitation

and dyspnœa, not due to anæmia, are frequently caused by bad stays. The worst cases naturally occur in young women who are inclined to *embonpoint*, and whether this be constitutional or aggravated, as is that condition, by anæmia, the obese tendency commonly both adds to the compression, and gives cause to the wearer to increase her troubles in the efforts to retain (what she conceives to be) shapely proportions.

Erysipelas of Epidemic Type.

Sir William R. E. Smart, M.D., K.C.B., in a paper on the above subject, published in the *British Medical Journal*, February 7th, 1880, says—

Erysipelas of epidemic type is more severe and more fatal than when of simple sporadic type; and that it may then be aggravated into a series of cases, of uniform "cutaneo-cellular" form, without milder erythematic cases, as happened at Devonport Dockyard, in 1824, when a series of slight injuries were attended by fatal results; and such conditions may be of a very circumscribed local character.

When epidemic, it has increase of infectiousness.

Within a narrow area, where there are many idiopathic cases under treatment, it does not necessarily become traumatic, under due precautions.

When epidemic it attacks younger ages than it is accustomed to do when simply sporadic.

It is more amenable to treatment in well-aired sunlit apartments than in the reverse.

Its treatment on the stimulant plan is by far more successful in its results than by the opposite plan of blood letting and other depressing agencies.

And lastly, the epidemic type possesses some occult correlation with the epidemic exanthems, more particularly scarlet fever and measles. This proposition, as I believe, would be more strongly sustained by a wider investigation into the more general diffusion of all these diseases that occurred successively throughout the whole of the southern provinces of England, as shown in the navy and army returns for the period, the particulars of which the limit of time allowed forbids my entering on on this occasion.

Morphia in Uræmia.

A writer to the Louisville *Medical News* says—

Of this method Prof. Loomis stands an eminent defender, and those who have listened to his lectures or read his book must have been somewhat impressed with the plausibility of his views. Prof. Loomis reasons as follows: The skin in patients with acute uræmia loses its excretory action—and diaphoresis, if induced, is not eliminative—nor do the bowels respond readily to purgatives. Then, if the system is overwhelmed by this uræmic poison, and all the avenues of elimination closed, the question is, how can you counteract the influence of this poison and open again the channels of elimination? To diminish reflex sensibility and subdue spasmodic muscular paroxysms must be speedily accomplished; for either, if continued, will terminate life. Chloroform, heretofore, has been almost a sole remedy; but Prof. Loomis believes that, so far from being beneficial, it even prejudices the chance of ultimate recovery by the changes its inhalation produces in the blood, which changes hasten rather than retard the development of the uræmic toxemia. It also seems to him to be more difficult to establish diaphoresis and diuresis in patients to whom chloroform has been given. Chloroform only controls muscular spasm temporarily, and does not exercise any neutralizing effect on the poison.

Dr. Loomis says that in morphia he has an agent that not only controls muscular spasm, but reopens the avenues of elimination, either by counteracting the effects of the uræmic poison on the nerve centres, and thus facilitating the action of diaphoretics and diuretics, or itself acting as an eliminator. He uses it in cases where the premonitory symptoms are most severe, as well as during the convulsions. The rules relating to its administration are altogether governed by the convulsions. Sufficient quantities should be given to control spasm. Neither the condition of the pupil nor the number of respirations afford reliable guides. Thus, he believes, morphia administered hypodermically becomes a powerful eliminator, in which belief Dr. Loomis is sustained by weighty corroboration based upon reliable clinical data.

The Treatment of Croup.

W. C. Chapman, M.D., of Toledo, O., in a paper on the therapeutics of pseudo-membranous or true croup, read before the Northwestern Ohio Medical Association, and published in the Toledo *Medical and Surgical Journal*, December, 1879, says—

Many are accustomed to produce vomiting with tartar emetic, but I believe that the depression caused by this agent is more to be feared than the danger of poisoning from turpeth mineral. I do not believe that there is any effect obtained from the use of the mercurial, other than that of a purely local character. There is none absorbed, so that the old theory of mercurial treatment for croup, by its antiphlogistic effect, can be considered as not demonstrated by the use of the turpeth mineral.

Having produced free emesis, my practice is to follow at once with the administration of tincture of veratrum viride—Norwood's, I prefer. This is another step of Dr. Barker's treatment, and I believe it is the most important of the remedies used in the disease. The manner of its employment should be carefully considered, as success depends more especially on close observation of its physiological manifestations. Invariably, in a case of true croup, the pulse is high, from 120 to 140, irritable and quick. The blood is forced forward rapidly, and the capillaries are surcharged; engorgement of the tissues, especially at the seat of inflammation, the mucous membrane of the throat, and, as a consequence, all distressing symptoms are aggravated. Veratrum viride will, if given properly, reduce the number of the pulsations and decrease the vascular tonus. I have frequently brought the pulse

to 60 and kept it there. This remedy should be given in small doses, but repeated at short intervals. It is my habit to begin with two drops every hour, and keep on until the effect is noticed in the pulse. This is the important point in the treatment. Push the remedy until the pulse reaches 60, and keep it there. Those accustomed to the use of veratrum viride know this can be done, if carefully watched.

Providing there is any bronchial complication, as is often the case, it is well to prescribe either syrup of senega, combined with tinctura opii camphorata and either the carbonate or muriate of ammonia. I have never seen a case where I did not think quinine was beneficial, either in tonic or slightly stimulant doses, one grain every four hours, beginning generally in its administration immediately after the full effect of the veratrum is obtained.

Arsenic in Diseases of Children.

Le Progrès Medical informs us that M. Jules Simon chiefly uses Pearson's liquid, composed in the following way: arseniate of soda, 0 gr. 05; distilled water, 250; honey water, q.s. The dose is a teaspoonful, or five grams, at each meal, that is to say, one milligram of the arsenfate of soda is administered on each occasion. M. Simon states that children bear arsenic well, and take nearly the same quantities as adults, but he cautions against giving it to children under two years of age. Arseniate of potash is given as Fowler's solution, to the extent of two drops during each meal, the quantity being gradually increased until ten days is reached; when this the maximum dose per diem is attained, the quantity is reduced again to two drops. The same ascending and descending scale is continued for three weeks, after which the use of the remedy is stopped for a period of eight or ten days. This plan of treatment is often carried on for a considerable length of time. In many cases the arseniate can only be administered in the form of a pill, the dose ranging from one to two milligrams up to one or two centigrams a day. The physiological action of arsenic in therapeutic doses upon the blood is to give it an increased respiratory function, and upon the respiration to render it more ample, calm and easy, in cases of dyspnœa. The urinary secretion is generally increased, while the appetite is stimulated, and the patient generally feels himself stronger and better. The chief indications for the use of arsenic are, chronic skin diseases, intermittent fevers, tuberculosis, scrofula, neuroses, and certain cases of constitutional anæmia.

Subastragaloid Dislocation Reduced.

We learn from the *Medical Times and Gazette*, February 7th, 1880, that at the meeting of the Clinical Society of London, January 23d, Mr. Pick reported a case of ordinary subastragaloid dislocation, where the whole of the tarsal bones, with the exception of the astragalus, were displaced outward from this bone, which remained *in situ*, in contact with the tibia and fibula. All the ordinary methods, by manipulation, pressure, extension and rotation, were tried, after division of the tendo-Achillis, without success; and in consultation it was determined to make one more attempt at reduction, and, failing this, to perform excision of the astragalus, as the foot would clearly be of no use to the patient as it was, and the skin over the prominent head of the bone threatened shortly to give way. At Mr. Henry Lee's suggestion, the following plan was adopted: The middle of a bandage was twisted in a clove-hitch, and passed around the foot just behind the heads of the metatarsal bones; the two ends of the bandage were then tied and passed over the operator's shoulders, the knee of the surgeon at the same time being placed in front of the lower extremity of the tibia. Considerable extension in a direction forward was then made, and the foot at the same time moved from side to side, as far as the amount of tension would allow. After about a quarter of a minute's extension in this way, the bones quietly slipped into their places. The patient made an uninterrupted recovery. Mr. Pick stated that he believed the difficulty in reduction in this case was due to the posterior inferior margin of the astragalus being wedged in the interosseous groove between the articular facets on the upper surface of the os calcis, and at the same time the constricted neck of the astragalus locked by the sharp posterior margin of the scaphoid bone. It was taking this view of the case which induced Mr. Henry Lee to propose the plan of attempting reduction by making extension directly *forward*, so as to unlock the bones, and cause the head of the astragalus to recede into the cup-shaped posterior surface of the scaphoid.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Value of Boracic Acid in Eye Diseases has been examined and favorably reported upon by Dr. Samuel Theobald, of Baltimore, in a pamphlet before us.

——An exhibition of the fallacies of the common teaching of clinical manner, is made in an incisive style by Dr. Jarvis S. Wight, in an introductory lecture lately delivered. It deserves the careful perusal of all teachers.

——Dr. Charles Kelsey, of the East Side Infirmary, New York, for fistula and rectal disease, forwards us a report of that institution, and also a copy of a paper on functional heart troubles, with records of cases.

——The more frequent clinical use of the galvano-cautery is advocated in a reprint, by Dr. William A. Byrd, of Quincy, Illinois, and a number of suggestions for its proper manipulation given.

——"A Review of the Modern Doctrine of Evolution," by Prof. E. D. Cope (reprint from the *American Naturalist*), is such an able pre-

sentation of this momentous discussion that we shall hereafter take occasion to present his conclusions to our readers.

——In a "Plea for Cold Climates in the Treatment of Consumptives," Dr. Talbot Jones, of St. Paul, points out the advantages of Minnesota and the doubtful value of Southern California and Florida.

——All the older graduates of the Jefferson Medical College will be glad to read a lecture delivered before the Alumni Association by Dr. John H. Brinton, on "The Faculty of 1841." It will bring vividly to their recollection those heroes of a past generation. (Collins, printer, 704 Jayne St., Phila.)

——In a well written, though badly printed pamphlet, Dr. Geo. D. Crosthwait, of Florence Station, Tenn., discusses the biblical history of the Sabbath day and Sunday, reaching what we have no doubt is the correct conclusion, that the obligation to observe either of these days as specially holy is not included in the New Testament, and does not rest upon Christians.

——Mr. Ernest Hart, the distinguished editor of the *British Medical Journal*, takes a very active interest in public sanitary matters. As evidence of this we have received a most able report by him on Animal Vaccination and its Results; another on the registration of infectious disease; and a third on local legislation as to infectious disease. Although these reports apply especially to the horizon of Great Britain, they will be read with benefit by sanitarians everywhere.

——In a reprint on the therapeutic action of mercury, Dr. S. V. Clevenger, of Chicago, advocates the purely mechanical theory of its action as sufficient to explain the results observed from its exhibition. To use his own words: "Mercurials load the circulation and emunctories with effete matter, because of their deobstruent effects and ability to insinuate their particles among all tissues, separating the morbid or ulcerated portions from the healthy, by the great and universal law of heavy bodies acting in the line of 'least resistance.'"

BOOK NOTICES.

A Practical Treatise on Nervous Exhaustion. By George M. Beard, A.M., M.D., etc. New York, Wm. Wood & Co., 1880. pp. 198.

For a number of years Dr. Beard has given great attention to the chronic depression of the nervous system which follows overwork or excessive strain. The names "nervous exhaustion" and "neurasthenia" have been applied to it. He has in the volume before us gathered together these scattered studies and arranged and amplified them. In his preface he sketches the history of the definition of the disease, mentioning with undue severity Mr. Hugh Campbell's instructive monograph, and not referring to some other contributions to its literature, as, for instance, Dr. Stillman's well written essay in this journal.

A fundamental point of Dr. Beard's reasoning is that the disease is a new one, not merely a newly recognized one; he states that "the prime cause of modern nervousness is modern civilization, with its accompaniments." If he means by this, as of course he does, that the forms of nervous disease we now know did not exist in the last and previous centuries, we think he is stating a grave error. There are not in all the long catalogue of symptoms he gives hardly two that are not mentioned in the medical works of older generations. For a long time they were regarded as "dyspeptic" symptoms, or under other general and vague rubrics. In attributing them so exclusively to nervous exhaustion, it is very doubtful whether the older confusion is not intensified; whether such a name does not rather obscure than advance the analysis of the symptoms; whether, in other words, anything more is done than would be done by saying that all pain is included under one important and hitherto undiscovered disease, "nervous hyperæsthesia." This would be darkening knowledge with words, and without desiring to make any such wholesale charge as this against Dr. Beard's meritorious labors, we ask readers who peruse this book to observe closely whether just such an unprofitable nominalism as this may not lurk under the word *neurasthenia*.

A point to which Dr. Beard attaches great weight is the difference between functional and organic disease. Many pathologists believe that a functional disease is merely one in which our present means of observation are insufficient to enable us to detect the organic changes always present. Dr. Beard seems to believe that there is a radical, rather metaphysical, difference between them. Yet at the basis of neurasthenia he puts "the waste of nerve tissue in excess of repair." Surely this is a positive organic change!

All the "irritations," such as spinal, cerebral, uterine, etc., he calls local manifestations of general neurasthenia. Even ordinary fatigue after hard work he calls "acute neurasthenia." It may be seriously questioned whether anything is to be gained, whether a great deal is not sacri-

ficed, by thus erecting a group of symptoms into a disease, and losing sight of the etiological factors which alone can guide sound therapeusis.

While we have allowed ourselves these free strictures, we would not close without expressing a high appreciation of the close observation and wide reading always apparent in Dr. Beard's writings.

Surgery in the Pennsylvania Hospital. Being an epitome of the practice of the Hospital since 1756. By Thomas G. Morton, M.D., and William Hunt, M.D., etc. Philadelphia, J. B. Lippincott & Co. pp. 349.

Two volumes of Pennsylvania Hospital Reports were published in 1868-9 respectively; the present one is a series of detached papers, on a large number of surgical subjects, giving details of the Hospital practice, descriptions of cases, statistical tables, illustrations of apparatus, instruments, etc. In a more condensed and convenient form than ordinary volumes of this nature it sets forth what of value in surgery has been contributed by the experience of the Hospital. Several of the articles and tables have been previously published in a more or less modified form, while others are from unpublished cases. The editors are the principal contributors, while other papers are from Drs. John B. Roberts and Frank Woodbury, and Mr. Jonathan Richards. There are a number of illustrations, of excellent workmanship.

The subjects treated are such as amputations, burns and scalds, varicocele, hydrocele, erysipelas, cancer, goitre, necrosis, hernia, gynecological operations, phosphorus necrosis, tetanus, fistula, lacerations, etc. They are not grouped on any particular plan, but entered miscellaneously.

The volume cannot fail to have a high value to surgical students and practitioners. As a record of close and original research, it is one of the most meritorious that has lately appeared.

History of Medicine in New Jersey and of its Medical Men, from the Settlement of the Province to A.D. 1800. By Stephen Wickes, A.M., M.D., etc. Newark, M. R. Dennis & Co. 1 vol., 8vo. pp. 449.

Few contributions to the history of medicine in America equals this in value. It is a monument of painstaking research, presented in lucid style and with admirable arrangement. Any one at all interested in the subject will find his attention absorbed in its pleasant pages as soon as he takes it up.

The author divides his material into two parts. The first treats of the general history of medicine in the Province and State of New Jersey; the second and larger comprises biographical sketches of the early physicians of that commonwealth. The Medical Society of New Jersey is the oldest of its class in the United States, and this memorial of its founders, early members and their associates comes, appropriately, from the Secretary of the Society.

These records show us the same struggle of scientific practitioners with ignorant empirics going on then as now. They show similar diseases prevailing, and treated by methods often not essentially different. The medical men worked hard, but were fairly paid and took a high social position in the community. Medical literature was cultivated early, and medical education, prosecuted usually by the system of apprenticeship, required from four to seven years to conclude. A smattering of Latin and Greek was early considered a requisite, and frequent efforts were made to improve it. Many points in the volume would be pleasant to report did our space permit.

The Hypodermic Injection of Morphia, its History, Advantages and Dangers. By H. H. Kane, M.D. New York. C. L. Bermingham & Co.

The results which the author lays before the profession in this monograph were obtained from the letters of a large number of physicians, who responded to his inquiries published in this and other journals, and to circulars sent them. It is an interesting statement of the actual practice of contemporaries in the use of morphia hypodermically, and illustrates the wide variation in its dosage, and in the opinions of its results. Thus, in regard to the former, the usual dose seems a fourth of a grain, but there are those who appear not to go above $\frac{1}{16}$, and as many or more who inject one to two grains at a time, or "guess at the amount from loose powder."

Besides discussing the dose, Dr. Kane speaks of the accidents liable to occur, the antidotes to employ in case of narcotism, the morphia habit induced by the process, etc. He describes a tourniquet for common use, to prevent or modify dangers sometimes attendant upon injection of the drug into a vein. With respect to danger from poisoning, he believes the most efficient antidotes should be carried with one, and reliance not be placed solely on atropia, as is commonly done.

As well put together, from original material, the volume is deserving of much praise.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

THE PREVENTION OF THE ABUSE OF MEDICAL CHARITIES.

The profession of this city have for several years been making earnest efforts to restrict gratuitous medical services to cases actually deserving of charity. The matter is a wide one, embracing the private attendance of physicians on patients as well as the official relations of dispensary and hospital medical officers to resident and out patients of such institutions. So long as ten years ago statistics were published to prove that in various great cities, especially London and New York, the proportion of the inhabitants receiving free medical advice was unduly large. There was evidently great abuse of this form of charity. Investigations into special cases revealed the fact that many persons of moderate and some of abundant means systematically presented themselves for gratuitous treatment at the various dispensaries, clinics and hospitals, in Boston, Philadelphia and other American cities.

As a practical step toward limiting this abuse, a committee of the Philadelphia County Medical Society recommended, recently, that a small fee, say 10 cents, be exacted of all who are able to pay it; that the services of general dispensaries be confined to applicants within their districts; that more visiting physicians be appointed; and that by a coöperation with ward associations for organizing charity the merits of applicants be more thoroughly examined. These measures will undoubtedly tend, in some measure, to correct the abuses complained of.

But when we begin to inquire how it is that this abuse has come about, we find that the profession itself is chiefly to blame; though in the Report to the County Society, above referred to, we discover, not only no suggestion to lay the axe at the root of the tree, but no mention of the root at all. This was not owing to ignorance of the fact, but because the Committee were afraid of telling the whole truth; because they were not brave enough to do their duty in the premises.

The reason why so many well-to-do people have fallen into the habit of applying to dispensaries and clinics is because the medical profession have done all in their power to encourage it. When a young doctor wants to gain renown in a specialty, he organizes or attaches himself to a dispensary, or clinic, or special institution. This is advertised in the newspapers, or by cards, signs, circulars, etc., to bring it to the notice of the public. Patients able to pay he tries to attach to his private practice, without much inquiry as to their previous medical attendants. Cases good to report he gladly attends for nothing, as they make material for papers or for clinical demonstration. The better dressed patients he can have come to his private office in his regular office hours, and make an imposing display of clients to the casual visitor.

Nor are these arts at all confined to the young aspirants for practice. Many older and already distinguished men are always ready to descend to them. We could draw from our personal knowledge to prove this, and so could any member of the committee, if they had so chosen. Dr. A. L. Carroll, of New York, tells how it is

in that city, and it is the same in Philadelphia. In a recent paper he gives various flagrant examples, and most justly complains that clinical Professors and their assistants are not at all particular to inquire whether a patient is already under treatment, and pay no fair respect or consideration to the etiquette of the profession. He has, he says, even known a distinguished clinical authority to transfer patients whom he learned were able to pay a fee from his clinic to his private practice, instead of counseling their return to the physician from whom they had been attracted, partly by the absence of fees at the clinic, and partly, possibly, by the reputation of the Professor. Dr. Carroll complains that the dispensaries follow the same method, more or less, and avers that examples of such dishonorable practices are of almost daily occurrence.

So they are in this city, and we must condemn the Committee for having very imperfectly fulfilled their duties in not having stamped with open and emphatic reprobation this, the chief and main source of the abuse of medical charity.

Notes and Comments.

Therapeutical Notes.

THE APPLICATION OF COLLODION TO THE DISEASED JOINT IN ACUTE RHEUMATISM.

John W. Reins, M.D., of Crescent City, Cal., in a letter to the San Francisco *Western Lancet*, recommends this application as preferable to the plaster-of-Paris bandage, and reports two cases successfully treated by that means.

COMPOUND TINCTURE OF BENZOIN IN TOOTHACHE.

T. C. Osborn, M.D., of Greensboro, Ala., has found that a pledget of cotton or lint saturated with compound tincture of benzoin, and packed well into the cavity of an aching tooth, will give immediate relief.

VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION AND MISCARRIAGE.

James B. Hughes, M.D., of Newbern, N. C., in the *North Carolina Medical Journal*, reports several cases illustrative of the efficacy of this medicine in stopping uterine contractions.

FORMULÆ IN PRURITUS ANI.

M. K. Q. C. P., in the *British Medical Journal*, writes that in several instances in which he has had to prescribe for the intolerable "pruritus ani," he has found that by careful sponging or washing of the part with cold or chilled water, two or three times in the day, and subsequently "dabbing" (not rubbing) it dry with a soft cloth, and then applying externally and within the sphincter ani a little olive oil, has, after a few applications, afforded great, and eventually entire, relief. The state of the stomach and bowels must at the same time be attended to. Should the preceding remedy fail, a like application of the following ointment will, he believes, be found effective in relieving the distressing nuisance:—

℞.	Ung. zinci oxidi,	℥ iij
	Ung. hydrargyri nitratis,	℥ ss
	Morphiæ acetatis,	grs. ij
	Spiritus rectificati,	℥ iss.

Another physician of experience, in a communication to the same journal, states that the best local application is a mixture of carbolic acid, ℥j; in olive oil, ℥j or ℥iss, applied with the finger at bedtime, being careful to have the rectum empty, the laden condition of which seems to aggravate the annoyance. In pruritus pudendi, nitrate of silver (five grains to the ounce of distilled water) is a specific, applied with a sponge instead of giving way to rubbing, which only increases the local misery. The lithic acid diathesis seems to be the cause in both cases, and attention should be directed, by alkalies, etc., to correct this.

BROMIDE OF POTASSIUM IN THE VOMITING OF PREGNANCY.

Dr. Freidrich, in *Deutsches Archiv. für Klin. Med.*, November, 1879, states that he considers the action of bromide of potassium, given in doses of from one to two grams a day, so valuable that he would be almost disposed to say that we possess in bromide of potassium a specific remedy against the obstinate vomiting of pregnancy, if it were permissible to speak of specifics in such a case.

ETHEREAL OIL OF MUSTARD IN MALARIAL FEVER.

The London *Medical Record*, of Jan. 15th, 1880, informs us that Dr. Haberkörn has very successfully employed the ethereal oil of mustard, on account of its anti-bacterial properties, in the pernicious fevers of Moldavia. He gives two or three drops a day in a great quantity of distilled water, or better, from two to four drops in a ten per cent. alcoholic solution. His results have been "most remarkable."

The Higher Medical Education.

It cannot but be gratifying to all who have watched the efforts to advance medical education in the past decade, to note the very positive progress it has made. There is a general willingness

on all hands to adopt a three years' course, and those institutions which have done so are not going to be losers by it. On the contrary, their classes are increasing, and the early and decided stand they have taken on the right side is putting money in their purses as well as redounding to their general credit. It is a pleasure to quote such a remark as the following, from the Buffalo *Medical Journal*, speaking in reference to the Buffalo Medical College:—

"The fact is significant, however, in the experience of the present season, that the higher standard of requirements for graduation and the increased facilities—with the lengthened term of lectures—afforded for acquiring a theoretical and practical knowlege of the science of medicine, have met an emphatic endorsement by the profession."

This is as it should be.

Causes of Fatigue in Reading.

An important study has been made of this subject by Dr. Javal, director of the Laboratory of Ophthalmology of the Sorbonne, published in the *Annales d' Oculistique*. The fatigue of the eyes which is so often complained of by literary men he believes due to a permanent tension of accommodation; reading requires constant, steady strain of the eyes, while many other occupations demanding close, do not need constant, sight. His researches extend to the question, of great economical importance, given a surface of paper and a number of words to print upon it, what rule will secure the maximum of legibility? The answer is: *Other things being equal, the legibility of a printed page does not depend on the height of the letters, but on their breadth.* This fact is of special importance in the preparation of school books, and Dr. Laval's suggestions should receive the attention of publishers, type founders and school boards.

Animal Magnetism Revived.

The German medical papers of recent date have a good deal to say about animal magnetism. An adept in this mysterious art has been giving striking illustrations of his power, accompanied by very scientific-sounding lectures upon it, at Vienna and elsewhere. His name is Hansen, and Prof. Dr. Rudolph Heidenhain, Director of the Physiological Institute in Breslau, has summed up the latest observations and conclusions on the subject, in a published lecture. He analyses the various relations of sensation to motion and of consciousness to act in a subtle manner, but without getting to a wholly satisfactory explanation of the extraordinary powers displayed. It appears that the magnetic powers of some individuals extend to the control of other species. They can so charm a poisonous and angry snake that in a few minutes he becomes as rigid and as harmless as a stick!

Besides the learned physiologist, the police have taken up the inquiry, and have presented to a committee of Vienna physicians some questions relative to the safety or otherwise of these experiments on individuals. The committee very positively state that undoubtedly they are of injurious tendency.

We hope physicians in this country will always oppose these investigations as popular amusements. Dr. J. H. Bennett, of Edinburgh, long ago pointed out their very deleterious character, and no parent should allow a child to be tampered with in this manner.

Relations of Malarial Fever and Phthisis.

Some years ago we remember to have seen it stated that phthisis is rarely very prevalent in distinctly malarial regions; that there seems a sort of mutual exclusion of these diseases. Now comes Dr. Struve, a physician of Holstein, and in an article in the *Medicinische Central Zeitung*, for February 25th, undertakes to prove just the opposite, nay, more, that phthisis is *always* a result of malarial fever. These are his propositions:—

Phthisis is nothing else than a modification of the malarial process. The proofs are: 1, malarial fever always precedes phthisis; 2, the febrile phenomena in phthisis (hectic) are distinctly malarial, as shown by their remittent or intermittent character; 3, the other symptoms of phthisis are malarial, as the bronchial catarrh, which he explains on a remittent theory, etc.

When confronted with the statement that phthisis exists where malaria is unknown, he meets it with a simple denial. We have a small opinion of Herr Struve's theory, but give it for what it may be worth.

Resina Phytolaccæ or "Phytolaccin."

The *Practitioner*, for December, 1879, publishes an abstract of an experimental research on the physiological actions of drugs on the secretion of bile, by William Rutherford, M.D., of Edinburgh, who remarks that the physiological actions of phytolaccin have not hitherto been investigated. He has proved it to be in the dog a powerful hepatic and mild intestinal stimulant. It seems to be eminently worthy of the attention of the physician.

Rider's Sprain.

In speaking of sprains, M. Delorme states, in *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*, that he has seen a large number of a form to which he applies the term "entorse des cavaliers," or rider's sprain, which is common among troopers. It arises from the fact that at the moment of falling the foot is slightly extended, and touches the ground first with the toes, then with its whole external border. The weight of the animal now bears on its internal border, or more rarely, on the toes alone. Lastly, the stirrup, which habitually occupies an oblique position, directly twists the fore part of the foot upon the after part. The pressure on the external border of the foot, caused by the rotation of the toes from without inward, and of the forced adduction, is exerted on the metatarso-phalangeal articulation, upon the external tarso-metatarsal articulations, upon those of the astragalus, and secondarily upon the external ligaments of the tibio-tarsal joint. Sprains of this kind are of the most serious nature, and disable a man for a longer period than many fractures.

Italian Statistics of Ovariotomy.

In unfavorable contrast to the recent American statistics of this operation, which we gave a few weeks ago, are those of the first 100 operations performed in Italy, as given in the *Journal des Sciences Medicales*, February, 1880. Of this hundred, performed by thirty-four different surgeons, the recoveries were thirty-seven, the deaths sixty-three! Dr. Peruzzi, discussing this unsatisfactory result, explains it on the ground that too many had attempted this operation; and that the results will be better the more it is allowed to be the business of a very few specialists, who by practice become expert in it. He does not think it a proper one for the ordinary gynecologist to undertake.

When and How should we Deliver the Placenta.

G. A. Collamore, M.D., of Toledo, Ohio, in a paper read before the Northwestern Ohio Medical Association, and published in the *Toledo Medical and Surgical Journal*, December, 1879, says that we should deliver the placenta promptly after the delivery of the child; it will then, in a great majority of cases, be lying in the vagina, and may be removed without difficulty.

We may deliver the placenta by expression, assisted by the voluntary action of the abdominal muscles and diaphragm, the *vis a tergo*, the so-called Credé's method, or by suitable traction on the cord, assisted as before, the *vis a fronte*. Either manner is allowable, when the placenta is loose in the vagina.

Correspondence.

On Vaccination.

Ed. Med. and Surg. Reporter:—

In your journal for March 6th, 1880, you have an editorial, headed, "Does vaccination protect?"

It may perhaps do some good to make known the following, to show that in this instance there could be no question as to the protection of vaccination.

In December, 1871, I was called to see a patient about four miles from town; on arriving at the place I found a house one and a half stories high, with but one room on the first floor and two above, and in one of the two rooms two beds, standing foot to foot, the bedclothes of each in contact; on one of these beds was my patient, with confluent smallpox.

The family consisted of the sick man, his wife and four children, the youngest a babe in the mother's arms and the eldest not quite twelve years old, not one of whom had ever been vaccinated. I said to the mother, You and the children do not sleep in this room! Yes, she said, and then added that the two youngest had been in bed with John (the sick man), playing, all morning.

I immediately vaccinated all in the house. They all remained in the house, and three days after the father died, one mass of corruption. The vaccination was successful with the mother and all the children, and not one of them contracted the disease.

Some, doubting, may ask was my diagnosis of smallpox correct? No doubt of it; we had at that time, in this place and vicinity, quite a number of cases of smallpox, with some five or six deaths from the same, and in addition my patient had been in the house and with the first cases of the disease that occurred here. R. B. Watson, M.D.

Lock Haven, March 19th, 1880.

Treatment of Lying-in Women.

Ed. Med. and Surg. Reporter:—

As a sort of addenda to the "Treatment of Lying-in-women," by the Medical Society of Baltimore, in the Reporter of February 28th, the following cases may be of interest:—

Case 1 is respectfully dedicated to Dr. Lynch, who thinks chloroform does not retard labor. I was called, at 5 P.M., to attend E. P., aged 20; cannot remember that she was ever sick before. She supposes herself pregnant; had no morning sickness, and has never felt quickening, pain, nor motion of any kind in the uterus. She thinks her confinement will occur next month. Night before last headache came on, which was relieved by hot applications. Last night no sleep and no relief, only as she was as close to a hot stove as she could be and not burn her clothes. Same to-day. Pulse 90. Bowels not moved to-day. By exclusion, I diagnosed transferred labor pains. Ordered a cathartic, and to report after its action. 11 P.M. The cathartic acted freely; no

pain in the head, but labor pains every 8 minutes; os size of a silver quarter, and vertex in the first position. Midnight. Os size of a silver dollar; the perineum feels unusually rigid; patient is getting peevish, and wants chloroform. She says she "deserves it as much as her mother ever did, to whom I always gave it." 1 A.M. Chloroform given until she does not complain. Pains recur every 15 minutes; very light. 3 A.M. No perceptible change in either the os or perineum. From 3½ to 4 A.M., chloroform was given until narcotism was produced; no pain. Discontinued the chloroform and the pains returned, occurring every 8 to 5 minutes. 8 A.M. Head distending the perineum. Chloroform was given intermittingly until 10 A.M. Having fear of rupture of the perineum, chloroform was administered, to narcotism; no pains. Lessened the chloroform, and at 11.45 A.M. a girl was born, who required a little manipulation before respiration was perfect. Notwithstanding a full dose of ergot as soon as the child was expelled, there was a dangerous hemorrhage. The mother made a good recovery, and though the child was so very quiet while in utero, it was strong and active after birth.

Now, as to the diagnosis. Why were there no labor pains in the head, as well as in the teeth? One afternoon Mrs. E. requested me to extract the second inferior molars, as her sixth confinement was due, and she was anxious to get one night's rest before it came on; she had no sleep for two nights, on account of her teeth. As they were perfectly sound, I declined, and suggested an opiate, which she refused, preferring the toothache to the nausea always caused her. She said she knew she was not going to be sick, as she always had two or three days' notice. Four hours afterward I was called, and found the os about half dilated. She assured me that she had not suffered from the toothache since she felt the first labor pain. Her previous labors had lasted from eighteen to forty-eight hours; this one was over in less than eight hours from the time the toothache ceased.

CASE 2 is respectfully dedicated to Dr. Brinton, who thinks that chloroform retards labor. At three P.M. was called to Mrs. P., a lank, bony sandhiller, from Georgia, aged forty-two, multipara; youngest child nine ears old. Her previous labors were of average duration, and without any complications. I found her in care of two midwives, one of whom I knew had considerable skill, who said it was a case of locked head. Now, as I had never met locked head in practice, I had about concluded that it only occurred in books. Labor commenced between four and five A.M., and proceeded regularly till between ten and eleven A.M., when the membranes ruptured, and then the pains became absolutely incessant and terrific. I am afraid to tell how far her cries could be heard. Applying my hand to the abdomen I could feel the child about as well as though it had been wrapped in a green pelt. Head in the pelvic cavity, and apparently immovable. Chloroform, to complete narcotism, for half an hour, without the slightest effect on the expulsive force, or on the head. Determined to terminate labor with the forceps, and (save the mark) failed. As I had applied the forceps at the outlet, in the cavity, and above the brim, in about all the positions described by the authors, I flattered myself I knew a thing or two about forceps, and you may be sure I did not relinquish the attempt very willingly. What next? My nearest counsel was twelve miles away, and it seemed certain that the uterus would give way before a messenger could go and return. Even if it did not what more could be done? and what chance would the woman have after so long a delay? The way I answered was by performing my first and last operation of craniotomy, after having kept her fully chloroformed one and a half hours.

Wishing to operate on the left eye of a girl, eight years old, I gave ether, and failed to control the spasmodic action of the ocular and palpebral muscles. Two days after tried, with alcohol one part, chloroform two parts, ether three parts, and failed. Three days after tried a full dose of morphia, followed by chloroform, till it affected her so profoundly that it required constant attention from 10½ A.M till 6 P.M. to avoid reporting death from chloroform, and failed to operate. She afterward fell into the hands of a peripatetic eye doctor, who gave chloroform with the same result, except that he attempted to operate, and left the eye worse than before. He declined to use chloroform again. She then passed to the care of Prof. Holmes, of Chicago; and her father informed me that the Professor gave chloroform once, and declined to repeat the trial. Result, blindness.

The above are extreme cases, met with in a long and tolerably extensive use of chloroform. My obstetric record has not been kept as regularly and minutely as it should have been, but sufficiently so to prove that post-partum hemorrhage is more likely to occur when chloroform is used. The tendency can generally be overcome by using ergot. In multipara, with a distensible perineum, I give it before the expulsion of the fœtus. In primipara after. Have never seen hour-glass contraction follow chloroform, and do not think ergot can cause it when given as above indicated. Have had but one fatal case of post-partum hemorrhage, and then chloroform was not given, simply because the patient would not take it. After the expulsion of a stillborn child the uterus failed to contract, in spite of ergot, stimulants and pressure. The prostration becoming alarming, extracted the placenta, and tried my hand, ice, alum and tannin in the uterus, pressure on the aorta, and position with the head low, to no purpose. Sent five miles for persulphate of iron. Patient died before messenger returned. Do not think persulphate would have changed the ultimate result, but since then it has always had a compartment in my obstetric case.

San Diego, Cal. F. R. MILLARD, M.D.

Physicians and Midwives.

ED. MED. AND SURG. REPORTER:—

I write to you for information on a point about which I myself am in doubt.

I was called upon a few days ago to hurry to the assistance of a midwife attending a woman in her first confinement. I was requested to

bring my forceps, as the case was thought to be a difficult one, and certainly had been very tedious. I hastened to the address given, and entering the lying in chamber, found the midwife engaged in delivering the child. I quickly questioned her in regard to the labor, and was informed that she had succeeded in turning the child, and that now the head was disengaged. A pain just then came on. The midwife supported the head, I assisted in urging the woman to bear down, and in a few moments the child was born. The midwife tied the cord, removed the placenta, washed the child, etc. I gave a few directions, which were complied with, and helped make the woman comfortable. I then returned to my office.

I was really of little service to the midwife; the obstacles to the safe delivery of the child which she feared existed she herself overcame, and I was really not much else than a *force in reserve.* The midwife understood her business, and I did not interfere, offering only a few simple suggestions.

In the first place, should a physician so called upon oblige the midwife to step aside and he assume charge of the case? or should he do as I have just cited? In answering this, it is to be kept in mind that the midwife had been engaged for the case, and this included her supervision of it throughout the entire period.

What, if a physician under such circumstances be asked his fee, should he consider a just sum? the family being poor.

Is it the duty of the physician to continue visiting the woman? or is he to consider himself in the light of a consultant, and permit the case to remain under the care of the midwife?

Who of the two, the physician or the midwife, should make a return of the birth to the Board of Health? A reply will greatly oblige a

Philadelphia. YOUNG PHYSICIAN.

[We should say that a physician called to a case of labor on which a midwife is in attendance takes precedence of the midwife. He should give attention to the existing complication, and having relieved it, he has no further to do with the case. He is a consultant. The midwife is expected to make the return of the birth. The physician's fee should be less than if he had charge of the case. In the instance cited, probably the usual consultation charge would be correct.—ED. REPORTER.]

NEWS AND MISCELLANY.

The Bogus Diploma Business.

A week or two ago the Committee of the Methodist Conference to which was referred the charges against Rev. T. B. Miller, M.D., the dean of the Philadelphia University of Medicine and Surgery, reported that after full investigation they found both charges and specifications amply sustained, and sentenced the offender to deposition from the Christian ministry and expulsion from the Methodist Episcopal Church.

A few days later the stock and fixtures of this precious institution were seized and sold at constable's sale, for rent. We have no expectation, however, that this pestilent nuisance is eradicated. It will continue to put up its head until all connected with it get their just dues in a public prison. Some general measure should be devised to reach these diploma selling concerns here and elsewhere. According to the Cincinnati *Lancet*, there are within the limits of that city already half a dozen so-called medical colleges not possessing a shadow of legal authority to issue diplomas. This issue of diplomas without legal incorporation as a college is by no means so uncommon in other States, as, for instance, New York, as might be supposed. In veterinary, as well as general medicine, there are several schools in that city whose diplomas are frauds upon the body politic, or, at least, no better than certificates of proficiency issued by men who have no proper claim to the prefix of Professor, and some of them none to the degree of Doctor of Medicine or Veterinary Surgeon.

Alleged Yellow Fever in Memphis.

In a letter to the National Board of Health, Dr. F. W. Reilly refers to rumors and reports which have been lately in circulation as to the reappearance of yellow fever in Memphis. These assumed definite shape early in March, in a telegraphic inquiry from St. Louis, which was referred to Dr. Reilly for investigation. A minute history of each of the "suspicious" cases was obtained, and in no instance was there any ground for associating the disease or death in the remotest degree with yellow fever poison. Dr. Reilly gives the clinical notes of each case, which fully confirm his statement.

Co-operative Drug Stores.

It is stated, in the *Western Lancet*, that in San Francisco a movement has been set on foot by several prominent physicians for the establishment of coöperative dispensaries, owned and supervised by themselves. A group of physicians, say ten or twelve, whose offices are in the same neighborhood, associate together for the purchase of a stock of drugs, rent a room, and employ a competent pharmacist, whose duty will be simply to fill their prescriptions. The advantages to the physician of thus dispensing his own medicines will, the *Lancet* thinks, be unquestionable.

Personal.

—Dr. William Thomson has been elected Honorary Professor of Ophthalmology at the Jefferson Medical College.

—It is understood that the valuable library of the late Professor J. Aitken Meigs will be presented, by his father, to the Jefferson Medical College, with which the deceased was connected. The gift will be known as the "Meigs Memorial Library."

—The New York papers of Sunday last contained the notice of the death of Dr. Geo. W.

Peipher, of Newark, formerly of this city, aged 77 years. The accounts stated that he died of starvation, but we cannot believe this possible. He was well connected and had many relatives able and willing to provide for him.

Items.

—*Correction.*—On page 272, column 2, line 32, for *favorable* read *unfavorable.*

—Reading, Pa., is to erect St. Joseph's Hospital immediately. The plans have just been adopted by a committee of physicians.

—Benvenuto Cellini tells us, in his Autobiography, that the most dangerous poison known to the Italians of his day was powdered glass. A woman in this State tried this substance lately, by mixing the powdered glass in sausages, but it was discovered in the first mouthful, and she was promptly arrested.

—When the news came of the revolution in Turkey and the deposition of Abdul Aziz, Queen Victoria, it is said, lost no time in intervening in his behalf, by telegraphing to Constantinople and expressing her hope that the ex-Sultan would not be subjected to any violence or ill-treatment. "Soignez le bien"—Take good care of him—said her majesty; but the cruel telegraph made her say, "Saignez le bien"—Bleed him well; and how they bled him all the world knows.

—A "magnetic" doctor in this city stated, in a recent lecture, that there are over 1800 healers in this State, known as clairvoyant or magnetic healers, acting under the control of spirits, and the enforcement of the act now on the statute books, popularly known as the medical law, will deprive 1204 of these healers, who never graduated and who do not have diplomas, from following their profession." That is just what is wanted. It is high time to sweep out these pestilent quacks with a strong hand.

—An "Indian doctor" and a colored doctress were arrested last week, at Lancaster, Pa., on complaint of the Lancaster City and County Medical Society, charged with practicing medicine in violation of the act of Assembly of March 24th, 1877, which requires all itinerant doctors, and those having diplomas, but not being residents, to take out a license. The defendants were held in bail for trial at court. The penalty, upon conviction, is a fine of not less than $200, nor more than $400.

OBITUARY NOTICES.

—Dr. D. G. Thomas, a leading physician of Central New York, died at Troy, on Saturday, March 27th, aged 74.

—Dr. H. H. Toland, of San Francisco, died, suddenly, February 27th. He was well known as a surgeon, a teacher, and an author. His recently published *Lectures on Surgery* had brought him prominently into notice.

—Dr. E. Copeman, of Norwich, England, is among recent decedents. He had written considerably for the medical press. His first and last essays dealt with blood-letting. His most important contributions to medical science, however, are a series of papers on dilatation of the os uteri in treatment of vomiting in pregnancy. These have attracted very great attention in England, this country, and also on the Continent of Europe.

—Dr. B. Rush Senseny, of Chambersburg, Pa., died at his house in that town, March 28th, from the results of a disease of the femur and its articulation, from which he had long been suffering. He had for a number of years conducted the principal vaccine farm in this State, and his writings on vaccine subjects and smallpox had made his name widely and favorably known to practitioners. Personally, he was a gentleman of agreeable manners and estimable character, and his loss will be regretted among a wide circle of acquaintances.

QUERIES AND REPLIES.

Dr. D. asks: What is the general opinion of physiologists in regard to the healthfulness or unhealthfulness of sleeping in the same room with flowering plants? Do they not at night absorb carbonic acid and give off oxygen, the reverse of this taking place during the daytime. And if this be true, in what manner can they be injurious?

Ans.—Although opinions differ on the safety of sleeping in rooms with flowering plants, the weight of evidence is against the custom.

Dr. L. G. A., of Ky.—1. In the case you mention, where Dr. Z. and others retired with two homœopaths into a private room to consult, there was an undoubted infraction of the Code. 2. To charge a consultation fee, implies a consultation.

Dr. J. H. N., of Ga., refers *Hallerus* to *Colossians* iv, 14, for proof that the Evangelist Luke was a physician.

Dr. Edward, of Mo.—The most recent investigators of *tayuya* say it has no anti-syphilitic properties whatever.

MARRIAGES.

BOURNONVILLE—WILSON.—In this city, on the evening of March 10, 1880, by the Rev. Thomas J. Shepherd, Dr. Augustus C. Bournonville and Mrs. Amelia S. Wilson.

LINDERMAN—EVANS.—At the residence of the bride's parents, Brooklyn, March 16, by the Rev. C. N. Sims, Dr. G. B. Linderman, of Bethlehem, Pa., and Francis Armenia, daughter of George A. Evans.

McCALLUM—THORNTON.—At Lake, Miss., on Thursday, Feb. 5th, 1880, by Rev. G. H. Thompson, A. McCallum, Jr., M.D., and Miss Annie Thornton, all of Lake, Miss.

WINSTON-LEWIS.—On Thursday, March 11th, at St. Mark's Church, by the Rev. Dr. James H. Rylance, D.D., Dr. Gustavus S. Winston and Jeannie Louise Lewis.

WOOLSTON—WORRALL.—At Elizabeth, N. J., March 15, 1880, Rev. Mr. Woolston, of the Baptist Church, and Agnes, eldest daughter of Dr. I. S. and Helen Worrall.

DEATHS.

HUN.—On Saturday, 13th ult., at Stamford, Ct., Dr. Edward R. Hun, in the 38th year of his age.

OPDYCKE.—In this city, on the morning of the 14th ult., after a short illness, Dr. W. Opdycke.

RAPHAEL.—In New York, on March 17, Benjamin I. Raphael, M.D.